

Voice	Data	Internet	Wireless	Entertainment
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APPLICATION FORM – LIFELINE/LINK-UP ASSISTANCE PROGRAMS

Please Read All Instructio	ons Before Co	mpleting		Date:			
1. PLEASE PRINT name and ac	ldress of person	annlying fo	r assista	ance.			
Telephone Number	First Name	e N	iddle nitial	Last Name			
Street/Apartment No	City	S	State	Zip Code	Social Security Number		
2. PLEASE CHECK any qualify of eligibility with this applic		isted below tl	at provi	les benefits to app	plicant and provide proof		
☐ Medicaid qualified TennCare Subsc		☐ Tempe	rary Assis	tance for Needy Fan	nilies (TANF)		
☐ Food Stamps			☐ National School Lunch Program's free lunch program (NSL)				
☐ Supplemental Security Income (SS		☐ Low Income Home Energy Assistance Program (LiHEAP)					
☐ Federal Public Housing Assistance	☐ House	hold incor	ne at or below 135%	of poverty level			
$\underline{\mathbf{T}}$	ennessee Lif	feline Ass	istanc	<u>e Program</u>			
 Toll Blocking and/or 900/97 No service deposit is require Customers previously discor Eligibility Checklist Completed Lifeline applicati If you do not receive TennO School Lunch Program or LI Tennessee Regulatory Author 	d if you subscribe to inected for non-payn on including approp are Medicaid, Food S HEAP, you may qual	toll blocking. nent of local ch riate proof of e Stamps, SSI, Fe lify by your inc	arges will l ligibility. ederal Pub	be eligible for specia	8, Families First, National		
3. PLEASE CHECK the Embard different eligibility qualification		ance prograr	n in whic	h you wish to enro	oll. Each program has		
Lifeline			Link-	Up			
PLEASE READ AND SIGN THE F	OLLOWING:						
By signing below, I certify to the best of	of my knowledge that	t the information	on containe	ed within this applica	ation is true and correct.		
If in the future I am no longer particip qualifies me for Lifeline/Link-Up assis							
I authorize Embarq or its duly appoint my continued eligibility for Lifeline/Li provide information to Embarq verify understand that completion of this ap that the deposit requirement is not ap	ink-Up assistance. It ing my participation i plication does not con	also authorize in benefit prog nstitute immed	social serv rams that liate appro	ice agency represent qualify me for Lifelir wal for Lifeline/Link	atives to discuss with and/or ne/Link-Up assistance. I		
By signing below, I acknowledge that	providing fraudulent	documentatio	n in order	to receive assistance	is punishable by law.		
Applicant Signature			– Da	te			